

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8677

State File No.

FILED APR 3 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 18 Months
years, months or days)

3. (a) PRINT
FULL NAME Melvin Baxter Pirtle

3. (b) If veteran, 3. (c) Social Security
name war. None No.

4. Sex Male 5. Color or
Race White 6. (a) Single, widowed, married,
2 divorced Widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
Mattie Pirtle alive years

7. Birth date of deceased Oct 1 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 25 hr. min.

9. Birthplace Pomona, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Bayer Machine Co.

12. Name James Pirtle

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Julia McKinney

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Woodrow Pirtle

(b) Address 5612 Helen Ave.

17. (a) Removal (b) Date thereof 3/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphysboro, Ill

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 27 1943 (b) [Signature]
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 5612 Helen Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1943 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;

that I last saw him alive on 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Coronary Artery Disease (Cause Undetermined)
Cardiac Myopathy

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 3/27/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.